



CHAIN-OF-CUSTODY / Analysis
The Chain-of-Custody is a LEGAL DOCUMENT

W0# : 1283240

PM: MMW Due Date: 03/08/17
CLIENT: USS CORP

Section A

Required Client Information:

Company: USS Corporation
Address: P.O. Box 417
Mt. Iron, MN 55768
Email:
Phone:
Fax:
Requested Due Date:

Section B

Required Project Information:

Report To: Tom Moe
Copy To:
Purchase Order #:
Project Name: NPDES LINE 3 WWF
Project #:

Section C

Invoice Information:

Attention:
Company Name:
Address:
Pace Quote:
Pace Project Manager: heather.zika@pacelabs.com
Pace Profile #:


Regulatory Agency

State / Location

Requested Analysis Filtered (Y/N)

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9 / . -) Sample IDs must be unique	MATRIX Drinking Water Water Waste Water Product Soil/Solid Oil Wipe Air Other Tissue	CODE DW WT WW P SL OL WP AR OT TS	MATRIX CODE (see valid codes to left)		SAMPLE TYPE (G=GRAB C=COMP)		COLLECTED		SAMPLE TEMP AT COLLECTION		# OF CONTAINERS		Preservatives		Analyses Test		Y/N		Residual Chlorine (Y/N)	
				DATE	TIME	DATE	TIME	START	END	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	LAB FILTERED: SO4	Lab FILTERED: Ca,Mg,Hard		
1	WS-002 Scrubber Make-Up			WT	2-22-17	09:00	2-22-17	09:00									X	X			
2	WS-003 Thickner Overflow			WT	2-22-17	08:59	2-22-17	08:59									X	X			
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
ADDITIONAL COMMENTS				REINQUISHED BY /AFFILIATION		DATE		TIME		ACCEPTED BY /AFFILIATION		DATE		TIME		SAMPLE CONDITIONS					
				Pace Labs		2-22-17		16:45		Mge-Tek		2-22-17		16:40		Y N Y					

SAMPLER NAME AND SIGNATURE
PRINT Name of SAMPLER: Paul Moe
SIGNATURE of SAMPLER: *Paul Moe*
DATE Signed: 2-22-17

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name:

USS Corp

WO#: 1283240

PM: MMW

Due Date: 03/08/17

CLIENT: USS CORP

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Other:
☐ Commercial ☐ Pace ☐ Other:

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 1.5 Cooler Temp Corrected °C: 1.8 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
Temp should be above freezing to 6°C Correction Factor: 10.3 Date and Initials of Person Examining Contents: 2-22-17 MT

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

[Signature]

Date: 2/23/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)